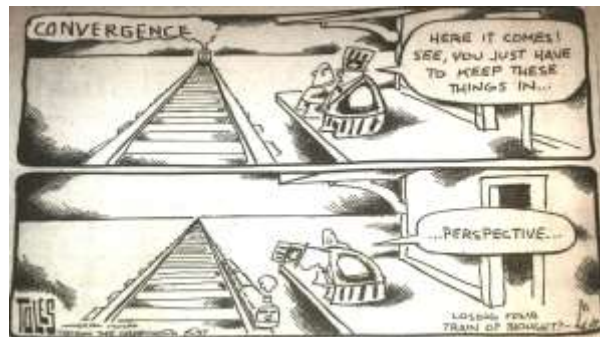


**ROTARY DOCTORS NETHERLANDS
ONTWIKKELINGSHULP VIS A VIS SAMENWERKING
IN DE TRANSITIE VAN MDGs NAAR SDGs:
EEN ZORG VANDAAG EN VOOR MORGEN**



Nijkerk 11 Mei 2019
Henri van den Hombergh



**ALMA ATA – KAZACHSTAN – 1978
PRIMARY HEALTH CARE**

GEWELDIG GLOBAAL INITIATIEF, MAAR, UNFINISHED AGENDA

MISSIE EN DOELSTELLINGEN RND

MISSIE:
MEDISCHE ZORG BRENGEN IN ONTWIKKELINGSGEBIEDEN, WAAR DE TOEGANKELIJKHEID TOT MEDISCHE VOORZIENINGEN BEPERKT IS OF ZELFS GEHEEL ONTBREEKT. DEZE MEDISCHE ZORG OP EEN ZODANIGE WIJZE ORGANISEREN, DAT DE LOKALE BEVOLKING DEZE OP TERMIJN ZELFSTANDIG KAN VOORTZETTEN. OP BASIS HIERVAN OOK AANDACHT GEVEN AAN ANDERE TERREINEN, ZOALS O.A. DE OPLEIDING VAN EEN MEDISCHE STAF.

DOELSTELLINGEN:

- IN 2015 IS DE VERSPREIDING VAN ZIEKTES ALS AIDS EN MALARIA GESTOPT.
- IN 2015 IS DE KINDERSTERFTE STERK AFGENOMEN.
- IN 2015 STERVEN MINDER VROUWEN DOOR ZWANGERSCHAP.

RESULTATEN

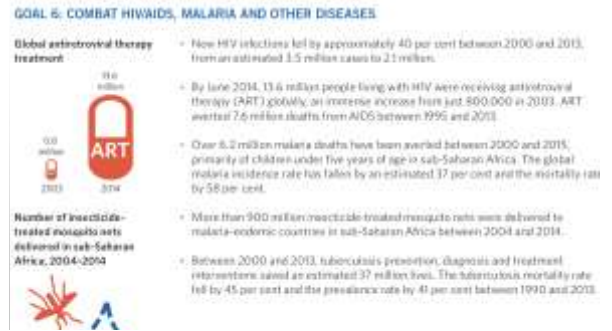
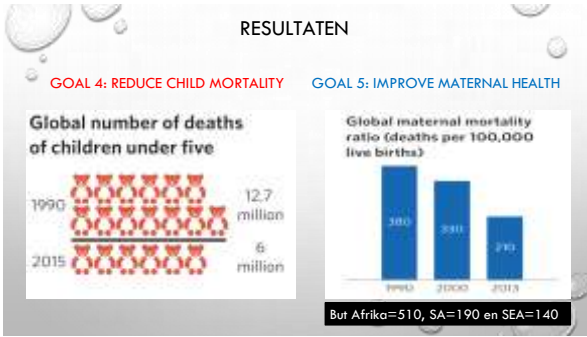
GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Extreme poverty rate in developing countries

1990 47%

2015 14%

Number and population of undernourished people in the developing regions, from 1990-1992 to 2014-2016

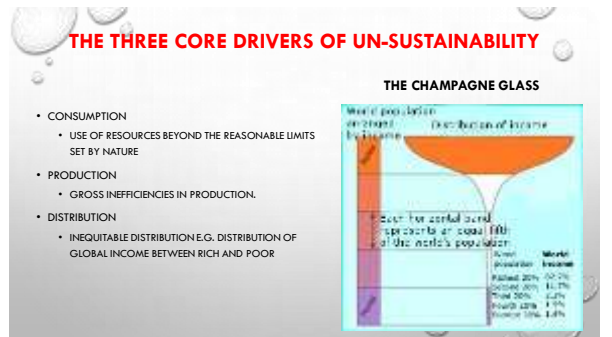


Dimensies van duurzame ontwikkeling

Universeel & Inclusief, ondeelbaar en transformatief

- Ontwikkeling die beantwoord aan de behoeften van vandaag zonder de afbreuk van, of de de capaciteit van toekomstige generaties in hun eigen behoeften te voorzien, in gevaar brengt.
- Om duurzame ontwikkeling te bereiken is het van cruciaal belang de kern elementen: **economische** groei, **sociale** insluiting, cohesie en gelijkheid (gender, inkomen etc), en milieu **bescherming** te integreren.
- Partnership van alle betrokken belanghebbende

United Nations DPI





Goal 3: Ensure healthy lives and promote well-being for all at all ages

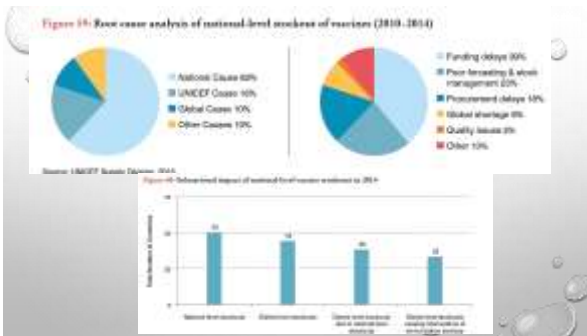
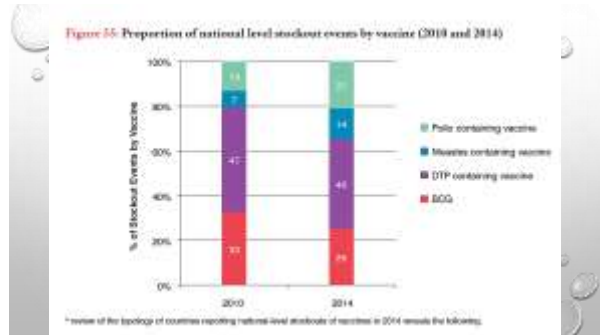
Meten = Weten!!

United Nations DP1

GOAL 3: DOELSTELLINGEN EN INDICATOREN

- 3.1 IN 2030, GLOBAL MATERNAL MORTALITY RATIO < 70 PER 100,000 LIVE BIRTHS
- 3.2 | 2030, REDUCE PREVENTABLE DEATHS OF NEWBORNS AND <5 TO 12 PER 1,000 LIVE BIRTHS AND 25 PER 1,000 LIVE BIRTHS
- 3.3 BY 2030, END THE EPIDEMICS OF AIDS, TUBERCULOSIS, MALARIA AND NEGLECTED TROPICAL DISEASES AND COMBAT HEPATITIS, WATER-BORNE DISEASES AND OTHER COMMUNICABLE DISEASES.
- 3.4 BY 2030, REDUCE BY ONE THIRD PREMATURE MORTALITY FROM NON-COMMUNICABLE DISEASES THROUGH PREVENTION AND TREATMENT AND PROMOTE MENTAL HEALTH AND WELL-BEING
- 3.5 STRENGTHEN THE PREVENTION AND TREATMENT OF SUBSTANCE ABUSE, INCLUDING NARCOTIC DRUG ABUSE AND HARMFUL USE OF ALCOHOL
- 3.6 BY 2020, HALVE THE NUMBER OF GLOBAL DEATHS AND INJURIES FROM ROAD TRAFFIC ACCIDENTS
- 3.7 BY 2030, ENSURE UNIVERSAL ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH-CARE SERVICES, INCLUDING FOR FAMILY PLANNING, INFORMATION AND EDUCATION, AND THE INTEGRATION OF REPRODUCTIVE HEALTH INTO NATIONAL STRATEGIES AND PROGRAMMES
- 3.8 ACHIEVE UNIVERSAL HEALTH COVERAGE, INCLUDING FINANCIAL RISK PROTECTION, ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES AND ACCESS TO SAFE, EFFECTIVE, QUALITY AND AFFORDABLE ESSENTIAL MEDICINES AND VACCINES FOR ALL
- 3.9 BY 2030, SUBSTANTIALLY REDUCE THE NUMBER OF DEATHS AND ILLNESSES FROM HAZARDOUS CHEMICALS AND AIR, WATER AND SOIL POLLUTION AND CONTAMINATION
- 3.A STRENGTHEN THE IMPLEMENTATION OF THE WORLD HEALTH ORGANIZATION FRAMEWORK CONVENTION ON TOBACCO CONTROL IN ALL COUNTRIES, AS APPROPRIATE
- 3.B SUPPORT THE RESEARCH AND DEVELOPMENT OF VACCINES AND MEDICINES FOR THE COMMUNICABLE AND NON-COMMUNICABLE DISEASES THAT PRIMARILY AFFECT DEVELOPING COUNTRIES, PROVIDE ACCESS TO AFFORDABLE ESSENTIAL MEDICINES AND VACCINES, PROVIDE ACCESS TO MEDICINES FOR ALL
- 3.C SUBSTANTIALLY INCREASE HEALTH FINANCING AND THE RESILIENCE, DEVELOPMENT, TRAINING AND RETENTION OF THE HEALTH WORKFORCE IN DEVELOPING COUNTRIES, ESPECIALLY IN LEAST DEVELOPED COUNTRIES AND SMALL ISLAND DEVELOPING STATES
- 3.D STRENGTHEN THE CAPACITY OF ALL COUNTRIES, IN PARTICULAR DEVELOPING COUNTRIES, FOR EARLY WARNING, RISK REDUCTION AND MANAGEMENT OF NATIONAL AND GLOBAL HEALTH RISKS





Werkgroep Orthopedie Overzee

Uitkomsten van een onderzoek naar de activiteiten van leden in het buitenland

GOOGLE FORMS ENQUÊTE

- MULTIPLE CHOICE MET AANVULLENDE OPMERKINGEN
- TOTAAL 43 VAN DE 69 LEDEN
- 25 IN DE EERSTE RONDE
- 18 NA EEN REMINDER

Onderwerpen:

- Setting
- Reden niet meer op missie te gaan
- Organisatorisch niveau van de instel
- Verbeter punten
- Overige punten

- Meer training, Training verpleegkundigen, minder opereren, Meer doen aan preventie, Samenwerking met lokale collega's
- Project management....., Meer middelen (medicatie, hardware), Gemeenschappelijke inkoop medicatie/gips, Normalisering Ok instrumenten sets
- Efficiëntere screening en strakker operatieprogramma
- Continuïteit missies
- Nederlandse orthopeden enthousiastere voor Low & Middle Income Countries
- Uitbreiding orthopedisch materiaal magazijn Nijmegen
- Follow-up online

Werkgroep Orthopedie Overzee

Uitkomsten van een onderzoek naar de activiteiten van leden in het buitenland

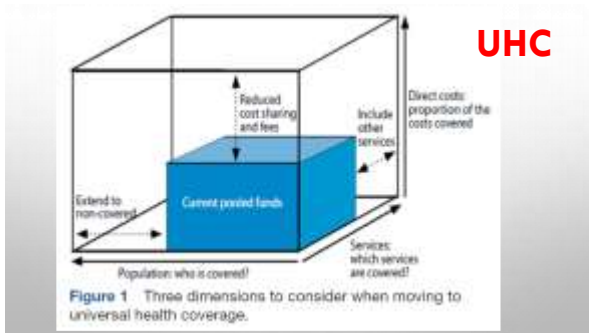
Land	Freq
Burkina Faso	4
Congo	2
Brazzaville	5
Ghana	6
India	1
Indonesië	1
Ivoorkust	5
Kameroen	2
Rwanda	1
Suriname	5
Tanzania	3
Uganda	7
Zimbabwe	2

Kerngetallen van de missies

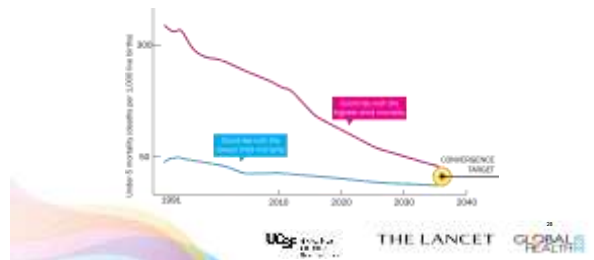
- Duur: twee wkn (75%), (18% 3 wkn of meer)
- Ingrenpen: meer dan 20
- Poliklinisch: meer dan 40 (tot 200 aan toe)

4. Bij welke gespecialiseerde paragraaf van de organisatie wordt de operatie het meest uitgevoerd door lokale medische professionals (aanpak)?





PETER PIOT: WE ARE NOW ON CUSP OF A HISTORICAL ACHIEVEMENT: NEARLY ALL COUNTRIES COULD CONVERGE BY 2035



NL Ontwikkelingsamenwerkingsbeleid: 4 speerpunten + Centrale Thema's

1. Seksuele en reproductieve gezondheid en (vrouwen)rechten
2. Water
3. Voedselzekerheid
4. Veiligheid en rechtsorde
5. Klimaatverandering
6. Armoede
7. Migratie
8. Terreur
9. private sector ontwikkeling
10. Gendergelijkheid
11. Humanitaire hulp
12. Versterking van het maatschappelijk middenveld

Her-Dutch Sept 2010



Handel & Hulp voor focuslanden en partnerlanden



- Hulprelaties** met landen die hun armoedeproblemen niet zelf kunnen oplossen: (post&)conflictlanden, fragiele staten en landen met onvoldoende capaciteit: Afghanistan, Burundi, Mali, Jemen, Rwanda, Zuid Sudan de Hoorn, de Palestijnse en grote meren Gebieden
- Overgangsrelaties** met middeninkomenlanden en lage-inkomenlanden met een forse economische groei. Combi van hulp en handel: armoedebestrijding en op de vier speerpunten: Bangladesh, Benin, Ethiopië, Ghana, Indonesië, Kenia, Mozambique en Uganda.
- Handelsrelaties**

Bijna driekwart van de mensen die in extreme armoede leeft, woont in een middeninkomenland!



BESTAAT ER DAN ECHT GEEN MAGIC BULLET?

- Comprehensive v. selective PHC
- Family Medicine v. Specialists
- Public v. Curative health
- UHC v. SHI
- PBF of goede salarissen
- Financiering CBHC of Distriktsgezondheid of Opleidings/verwijzings ziekenhuizen?
- NCD of toch eerst infectieuze ziekten?





- Gelijkwaardigheid
- Dialogo
- Maatgesneden relaties
- Geduld
- Optimisme
- Intersectorale samenwerking

De grootste gemene deler!

Communicatie (C4D = IEC+BCC+IPC)

Veranderingsprocessen van:

- systemen
- opvattingen
- waarden



**VAN VISITATIE NAAR INTERVISIE
(POLICING V. SUPPORTIVE SUPERVISION)**



RESULTS SO FAR IN SSA (WHIG)

- IN KENYA**
 - 35 FAMILY PHYSICIANS GRADUATED SINCE 2013, 70 REGISTRARS IN TRAINING
 - MOH SUPPORTS & PAYS FP AS SPECIALIST
 - 5 UNIVERSITIES OFFER FM TRAINING
 - FM-TRAINING HOSPITALS HAVE BECOME EXCELLENT HOSPITALS
 - NONE OF THE 35 FPS LEFT THE COUNTRY
 - MOST FPS BECAME MED SUPER(INTENDANT)
 - LESS CORRUPTION IN FP-LED HOSPITALS
- IN RWANDA**
 - 10 FPS; TRAINING STOPPED (SPECIALISTS FIRST SAYS STATE MINISTER)
 - FOCUS ON UNDERGRADUATE TRAINING
- IN MALAWI**
 - 10 FPS IN 2019; TRAINING IS THRIVING
- IN UGANDA, ETHIOPIA, SUDAN, GHANA AND NIGERIA FM-TRAINING IS ACTIVE**
- WONCA AFRICA IS IN KAMPALA AND MANY COUNTRIES PARTICIPATE.**



UNDERSTANDING OUR GLOBAL NEEDS

5 Billion
people around the world live on less than \$2 a day, often in poverty and with little access to education, health care and other services.

2 Million
more people die every day with preventable diseases. More than 600,000 children have been orphaned in the developed world since the early 1980s.

\$12.3 Trillion
Developed ODA flows to low-income countries (averaging \$41.8B per country) is essential to support economic growth.

25%
of disabilities could be treated with surgical care.

\$350 Billion
The cost of meeting the goal of eradicating extreme poverty by 2030.

**LANCET COMMISSION
AFRICA AND HEALTH: ACCELERATE SUCCESS
THE PATH TO LONGER AND HEALTHIER LIVES FOR ALL AFRICANS BY 2030**

PUBLISHED: SEPTEMBER 13, 2017



AFRICANS CAN BE PROUD OF MANY SUCCESSSES IN HEALTH SUCH AS LONGER LIFE EXPECTANCY, REDUCED MATERNAL AND CHILD MORTALITY, AND GREATER CONTROL OF HIV AND MALARIA EPIDEMICS. HOWEVER SUB-SAHARAN AFRICA FACES THE WELL KNOWN CHALLENGES OF CONFLICT, URBAN AND RURAL EXCLUSION, ENVIRONMENTAL DEGRADATION, AND BRAIN DRAIN.

Super executive summary!

- Challenges:** fragility, conflict, corruption, urban slums, rural exclusion, rapid disease transitions, brain drain, weak leadership, environmental degradation, demographic transition and rapid urbanisation.
- The legacy of colonialism:** emboli of societal disease and dysfunction continue to harm Africa's possibilities for future success.
- Guarded optimism:** SDGs provide an unprecedented political framework for action and Africa has a new generation of young people.
- Opportunities:** prevention of a looming tobacco epidemic

The Commission has nine key messages, together with 43 recommendations: e.g. people-centered health systems and promoting stronger and more effective regional cooperation.

No simple solutions!!

- double burden of communicable and non-communicable diseases
- scarce information about mental health
- pervasively adverse social determinants of health and wellbeing, such as poverty, poor education systems, unemployment and an often fractured civil society.



WE MOETEN HET DUS GRONDIG AANPAKKEN:
HEALTH SYSTEMS, OPLEIDING, SUPERVISIE EN



Heavy Times ahead!

